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## BIB DATA SHEET

CONFIRMATION NO. 9003

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/718,155	11/20/2003 RULE	602	3773	3433-483		
<b>APPLICANTS</b> Christopher J. Moran, Town & Country, MO; Mark W. Bleyer, West Lafayette, IN; Thomas G. Kozma, Lafayette, IN; Umesh H. Patel, West Lafayette, IN;						
<b>** CONTINUING DATA *****</b> This application is a CON of 09/448,915 11/24/1999 ABN which claims benefit of 60/110,434 12/01/1998						
<b>** FOREIGN APPLICATIONS *****</b>						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 02/18/2004						
Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No /Vy Q Bui/ Examiner's Signature	<input checked="" type="checkbox"/> Met after Allowance VB Initials	<b>STATE OR COUNTRY</b>  MO	<b>SHEETS DRAWINGS</b>  6	<b>TOTAL CLAIMS</b>  30	<b>INDEPENDENT CLAIMS</b>  3
<b>ADDRESS</b> Woodard, Emhardt, Moriarty, McNett & Henry LLP Bank One Center/Tower Suite 3700 111 Monument Circle Indianapolis, IN 46204-5137 UNITED STATES						
<b>TITLE</b> Embolization device						
<b>FILING FEE RECEIVED</b> 2078	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			